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TRADITIONAL METHODS OF CONTRACEPTION OF THE MALAYS
— AN EXPLORATORY STUDY —

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(an edited version)

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I assume full responsibility for any ideas expressed in this report.

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Introduction

The introduction of clinical western methods of family planning began as private efforts of individuals concerned with health and well-being of patients bearing too many children. The private voluntary family planning movement began long before the government of Malaysia (Malaya at that time) took any steps to initiate a national family planning programme. Even before the Second World War, limited family advice was provided by a few government doctors and private practitioners. One of these pioneers, Dr A E Doraisamy, a government obstetrician who was very concerned with the high infant mortality rate, together with two other doctors, five European ladies and two Chinese ladies formed a Family Planning Committee in Kuala Lumpur. In 1953, this individual effort was consolidated to form the first state Family Planning Association. In 1958, four state Family Planning Associations came together and formed a Federation of Family Planning Associations, and by 1962 had managed to encourage the formation of a state Family Planning Association in every one of the eleven states.

Involvement on the public side, the Family Planning Act was passed which resulted in the establishment of the National Family Planning Board in 1967 and was directly responsible to the Prime Minister's Department. Field operation was initiated and the target given was to reduce the population growth rate from the three percent per annum to two percent by 1985.

The Board opened its first clinic in May 1967 and in its first two phases of the programme concentrated on the larger urban towns, and in 1969 moved into the rural areas. Only in the first year did the

NFPB exceed its target. In 1969 the number of new acceptors declined by 5,000 and for the whole of the First Malaysia Plan (1965-1970) failed to achieve 35% of the target. (First Malaysia Plan - Mid-Term Review).

To remedy this situation, the Board consulted with the Ministry of Health and integrated family planning into the rural health service, where the NFPB personnel worked with rural health teams to provide family planning services, besides their normal duties (Subbiah, 1971).

In 1972, Peninsular Malaysia had a total of 51 main health centres, 200 health sub-centres and 1,107 midwife stations in the rural areas where a total of six million people could be reached. The NFPB itself operated 81 main clinics and 346 mobile clinics in all the 11 states by the end of 1975. The Family Planning Association had 11 state Family Planning Associations, one in each state and several sub-centres and clinics. Thus, the population had access to these clinical family services and was sufficiently exposed to methods of contraception.

However, from the number of acceptors over the years it could be seen that only a small percentage of the population, especially the Malays, were acceptors let alone users of contraceptives (See Table One). Thus, it is evident that the Malay population was slow in accepting the western clinical methods of contraception. Dr Siti Hasmah who had first-hand experience with the Malay population and who had been involved with the Kedah FPA since its inception, has pointed out that the Malay population was slow in accepting scientific medical treatment because they were still steadfastly holding onto traditional beliefs, customs and social values (Siti Hasmah). In the same light, Wolff pointed out,

> "the introduction of western medical services to the Malays is difficult not just because there is a conflict of cultures - it is perhaps doubly difficult because the elements of our western medical subculture are bound together in a meaningful, causal, logical sequence, whereas Malay culture does not

recognise any such kind of order, except the order he perceives in the world around him, an order which the harmony between not necessarily related phenomena".

Table 1 Acceptors of Ethnic Group, West Malaysia 1967-70

	1967	1968	1969	1970
Malay	9,203	36,688	27,283	41,937
Chinese	9,794	29,881	26,759	15,203
Indian	3,028	6,974	5,650	3,167
Others	224	590	443	1,015
Total	22,253	68,181	60,183	61,353

Source: Modified from Malaysia Family Planning Annual Statistical Report 1967-1970

Various elements in the rural Malay culture form strongly coherent patterns (Chen, 1969). Central to these patterns were the traditional world view regarding illness and their cures, the instituition of the bidan and the bomoh (Mohd Taib, 1967). In fact in 1970 for instance, 33% of births in Peninsular Malaysia were attended by bidan, traditional midwives and in Kelantan, the proportion could be as high as 74%. Traditional ante- and post-natal care was observed by most Malays both rural and urban.

Among traditional post-natal care are the practices aimed at spacing children - the traditional form of contraception practised by generations and passed from one generation to another, and still currently practised. Like most traditions of the Malay culture, these were not found in written records.

Objectives

This study, therefore, aims to document these traditional methods of contraceptions as practised by the Malays -

(i) what are these methods,

(ii) how are the methods used, and

(iii) how effectively do these methods prevent pregnancies.

The study also aims to find out the characteristics of the users in terms of age, income and occupational level, educational attainment, maternity and fertility history. It is commonly believed that users of traditional methods are the rural, lower income and lower educated group while the urban higher educated and richer ones used the western methods. It would be interesting to check this out.

Another aim is to assess the effectiveness of the traditional methods of contraception in preventing pregnancies. The method is to be checked out empirically. From the history of child birth and miscarriages, we can determine whether the sample population managed to avoid conception while using these methods.

The observation of Wolff and Dr Siti Hasmah that Malays still hold on to traditional methods despite knowing about western methods will also be tested. The exposure and level of awareness of western contraceptives by the Malays will be gauged to see if this results in the adoption of western methods while discarding traditional ways. Also, are traditional ways still preferred and do they continue to be used? The opinion of the degree of difficulty and convenience in using modern methods relative to the traditional methods will give significant clues to improving family planning programmes and increasing their acceptibility among the Malays.

Another aspect of this research will be related to the manufacture of traditional oral contraceptives and to the practitioners of traditional methods, especially knowledge related to conception and contraceptives.

Thus this study will serve primarily as initial documentation of these traditional methods of contraception by the Malays.

Methodology

A. Place of Study

The place chosen for the study was Selayang, a suburb of the capital city of Kuala Lumpur. This area was chosen because its proximity to Kuala Lumpur would mean sufficient exposure to the information and availability of the clinical methods. At the same time, its kampung-like setting would ensure the reinforcing character of a kampung, thus tending to preserve the knowledge of tradition, including the traditional methods of contraception.

As there were limitations to the research on a wider scale, Selayang was chosen because it was a recipient of a large group of migrants from the other states of Malaysia. Thus in that area alone it was possible to secure information from people from all sections of the country, not merely natives of one particular state. These migrants were not only young people coming in search of jobs, but they were still rural folks at heart. They would return to their respective kampungs in time of difficulties to seek assistance, including medical care and cures. Selayang was also old enough to have established families who had been there for generations, but yet maintained its kampung traditions without being absorbed into the city's anonymity.

B. Sample

A section of Selayang with a cluster of 101 Malay Households was chosen and the interviewers called on everyone in the 101 houses. Only one person from each house was interviewed. In order to be qualified for the interview the respondent had to be female and married. If there was more than one married woman in the household, then the one whose birthday was the most immediate would be selected, and if not available, the one whose birthday came next would be selected. Thus 101 married women formed the individual units of study.

Besides the sample of married women, a smaller sample of practitioners and manufacturers of traditional contraceptives were also contacted and interviewed. These units of samples were those introduced by the users of traditional methods or known distributors or manufacturers of the medicine. A total of five practitioners were interviewed in Kuala Lumpur and Selayang itself. Three practitioners who advocated that they were experts in the field of contraceptions were also interviewed at the Convention of Traditional Medicine held at the University of Malaya on the 12 May 1979.

C. Questionnaire

A standardised structured questionnaire was used to collect data. A pilot survey was first conducted, the questionnaire was then restructured based on the pilot survey and next reassessed, modified and pretested to ensure the accuracy of the meaning conveyed in common usage by the people, and in a way that did not offend and embarrass the local ladies.

At each stage the questions were translated into Malay, then given to an independent source to retranslate into English to ensure the meaning conveyed was precisely as desired. The final questionnaire thus used the Malay language format. (But for the intent and purposes of this report - the English version is attached for reference.)

The questionnaire was divided into 4 sections.

(1) Social demographic background of the respondent and a small section on that of the husband.
   - (a) Age
   - (b) Level of educational attainment
   - (c) Work history
   - (d) Place of residence and migration history
   - (e) Marriage history
   - (f) Background of husband

(2) Maternity history.
   - (a) Incidence of pregnancy - live births and pregnancy wastage and infant mortality
   - (b) Capacity and desire for children

(3) Contraceptive knowledge and use.
   (a) Traditional methods
   (b) Western clinical methods
   (c) Level of acquaintance with the use of contraceptives, i.e. "ever heard of" and "ever use".

(4) Experience with contraceptives and opinion on the methods.
   (a) Methods individually
   (b) Methods comparatively

Sure this research was exploratory, the study aimed to collect as wide a range of contraceptives as possible including those perceived to have an effect on delaying pregnancies.

D. Interview

Due to the highly sensitive and personal nature of the content of the interview, the interviewers selected were Malay ladies of considerable maturity so as not to embarrass the respondents in way or to cause any reluctance on the part of the respondents to discuss the matter openly. The interviewers were mainly university students on vacation and part-time interviewers who worked for the National Family Planning Board. The interviewers were trained and were given experience during the pretest.

The interviewers called on the respondents in their own houses and if the house was empty the interviewers would call at the same house again until one respondent was interviewed. The interview was conducted in the Malay language and each interview took 25 to 35 minutes.

As for the practitioners, the interview was conducted by the interviewer herself in the Malay Language. It was an open interview with just a skeletal guide of questions to be asked.

E. Data Analysis

The questionnaire was coded immediately after the interview and checked for mistakes. Any items which were not clear were checked in a follow-up interview.

The data were then processed manually. As the number of respondents was 101, manual processing of the data was manageable.

Socio-Demographic and Fertility Profile of the Sample

All the respondents interviewed were Malay Muslim women who are currently married and presently using or had used contraceptives.

(1) Age

Their ages ranged from 20 to 65. The breakdown of the age group is as follows:

Table 2 Age of Sample

Age Group	Number of respondents	Percentage of respondents
20 - 24	14	13.9%
25 - 30	21	20.8%
31 - 35	20	19.8%
36 - 40	19	18.8%
41 - 45	14	13.9%
45 - 50	11	10.9%
Over 50	2	1.9%
TOTAL	101	100.0%

(2) Educational Attainment

The educational attainment level of the sample was wider at the base. None of those interviewed were uneducated. The table below shows the level of attainment in education.

Table 3 Level of Educational Attainment of Sample

Level of Education	Number of respondents	Percentage
Primary	49	49.5%
Lower Secondary	28	26.8%
Upper Secondary	18	17.8%
Higher Secondary/College	6	5.9%
TOTAL	101	100.0%

(3) Exposure to Mass-Media

Ready newspapers and magazines will expose the women to innovation such as family planning methods. In the sample only 39 per cent of the respondents read magazines and/or newspapers.

(4) Occupation

Only 35 per cent of the respondents held some kind of job to get an income. However, another 15 per cent did part-time jobs such as making and selling cakes and snacks. Of the thirty-six respondents who worked, fifteen were factory assembly line workers; eight were hawkers, six were clerical staff and salegirls, two were nurses, two teachers, one hospital cleaning lady, one technician and one government executive officer.

All of them worked close to home, some in Kuala Lumpur, and commuted daily.

(5) Migration - Previous Place of Residence

Of all the respondents interviewed, 33 per cent were from outside Selangor state. Of the sixty-eight respondents from Selangor - forty were from the Selayang area, while the remaining twenty eight came from other areas in Selangor. Twelve were from Kuala Selangor district while ten were from Kuala Langat district. Two were from Klang district, one from Kuala Lumpur, two from Ulu Langat and one from Ulu Selangor. Two respondents were from Indonesia. The remaining thirty were from the various states as shown below:

Table 4 Migration - Previous Place of Residence of Sample

State	Number of respondents	Percentage
Penang	2	7%
Perak	9	30%
Negeri Sembilan	7	22%
Johore	4	14%

Table 4 - Continued

State	Number of respondents	Percentage
Pahang	2	7%
Kelantan	3	10%
Trengganu	3	10%
TOTAL	30	100%

(6) Marital Status -

Of all the respondents, only five were married for the second time. All respondents were currently married.

(7) Children

The respondents interviewed were asked the number of children they had, bore, the number living and the incidence of infant mortality. They were also asked if they have experienced any miscarriages.

According to the response, 4 per cent had no children, 5 per cent had one child, 22 per cent had two children, 34 per cent had three children, 26 per cent with four children; 8 per cent had five children and one respondent had eight children (from two marriages). Only 13 per cent had experienced miscarriages. 9 per cent of the respondents admitted having induced the miscarriage through injections, herbal medicines and massage. As for infant mortality only six respondents said they had lost one child during their marriage history. None of the respondents had lost more than one child.

The desire for more children was expressed by 39 per cent of the respondents. Of these, two thirds wanted two or three more children. The sex preference was equal for boys and girls.

Findings

Traditional Methods of Contraception - A Description

A total of thirteen methods of contraception were discovered in the course of the study. Within these thirteen main methods there are variations as to the use and applications of the methods, and differences in the ingredients of medicine so as to make them more effective.

Among the thirteen main methods, five were oral contraceptives i.e. herbal mixtures of different forms taken orally as a means to avoid pregnancies.

1. The first and most commonly mentioned by the respondents (92 per cent of the respondents) is the UBAT SERBOK (powder medicine) commonly referred to as UBAT JARANG ANAK (medicine to space children). The 'ubat jarang anak' is available from some 'bidans' (traditional midwives) and 'bomohs' (traditional medicine men). The commercial medicine came in plastic packets or small plastic bottles. The bomoh interviewed claimed that his product is marketed all over the country. The ubat jarang anak is made up of a mixture of herbs, roots and spices all pounded together. It could be taken after mixing with warm water or with egg yolk and honey. It is difficult to identify the ingredients in the mixture, but from the bitter, peppery hot taste and spicy smell it could be deduced that the mixture included kunyit (tumeric powder), black pepper, seria and mustard seed.

Although the researcher did ask the manufacturers to identify the ingredients, they were reluctant to reveal the contents preferring to protect their investment. Although one researcher did visit a "factory", the tree roots, barks and leaves could not be identified.

The serbok ubat jarang anak is supposed to be effective since the ingredients of the mixture can cause the uterus to contract and even involute it to make conception impossible. Some of the women claimed the ubat is "heaty" and could result in fever and a cough.

The serbok ubat jarang anak is to be taken twice a day from the fourth day after delivery of a child or after a miscarriage until the forty-fifth day, and subsequently after the end of each menstrual flow for a period of one to three days depending on different bomohs' instructions.

A variation to this serbok ubat jarang anak is the serbok ubat jalan darah which is also a powder mixture of herbs, roots, leaves and spices but with different ingredients, which are supposed to induce menstruation when it is overdue and thus can be said to be a form of menstrual regulation.

2. Ubat periok (ubat meaning medicine and periok meaning "cooking pot") consists of a variety of roots, tree bark and pulp which are boiled together in the cooking pot. The beverage or rather soup is to be drunk two or more times a day except during the days when a woman is menstruating. The ubat periok can be used for three boilings, after which is is discarded, but some women dry the mixture, pound it into a powder and then mix the powder with water to be taken as a liquid.

The medicine is also said to be very bitter. It is supposed to work in a way very similar to the ubat serbok, that is involution of the uterus and induction of the menstrual flow, thus preventing pregnancies. However, one bidan identified one of the tubal roots in the mixture and she believes that the ubat is effective because this tubal root, which is highly poisonous affects the womb and poisons the eggs. One of the bomohs said that he made frequent trips to Trengganu to gather these roots. Another said he obtained his from the Pahang jungles.

One respondent told us that the composition of the ubat periok which her bidan grandmother made is as listed below. According to the respondent, her ancestors obtained the recipe from a famous bomoh from Sumatra and the recipe had been passed from generation to generation since.

The ingredients were:

Lampuyang
Ibu kunyit
Asam jawa
Daun Inai; Daun Sirih, Bunga Cengkik

The ingredients are boiled together and taken as a beverage or can be grounded into ubat serbok and taken with egg yolk and honey.

3. Makjun - It oftens appears as a black or dark brown paste cut into small cubes or rolled into small round balls that look like pills. At the 'factory' of one bomoh, it was seen that the makjun was made by stirring a finely ground herbal mixture into boiling ginger and coconut oil over the fire until the mixture become a smooth paste. Then when cooled it is rolled into balls or cut into cubes. One pill or cube of makjun is to be swallowed everyday in order to avoid pregnancies. One of the women respondents gave us a rather large sample which was manufactured by her grandmother in Ulu Selangor.

Different ingredients added or subtracted could be used to increase fertility and sexual virility.

4. Jamu - Originated from Indonesia, jamu is now available in many local forms. However, a lot of jamu is imported on a large scale from Indonesia under various brand names, the most famous of which is "air muncur" which even advertises its products over television and radio.

Jamu is a powdered mixture of herbs and spices taken regularly to prevent conception. According to one set of instructions, the packet of jamu is to be taken with sweetened warm water two or

three times a week and thereafter five to seven days prior to the menstrual period, one packet a day until the flow takes place.

One bomoh said he learnt to make the jamu from a tribe living in the jungles of Kalimantan where the village population take this concoction to limit the size of the family from one to three children.

5. Raw Food - Some respondents take raw pineapple, papaya, or starfruit which are believed to be "sharp", acidic and "corrosive" and thus will wear the uterus wall thin and weaken it and so make conception difficult. These are taken normally early in the morning. Some take flowers such as bunga cengkik and hibiscus or young bamboo shoots as contraceptives.

According to a study done in India, the Hibiscus Rosa Sinensis flower had been found to contain anti-fertility potentiality (Kholkute 1976). Therefore, it is quite possible that these raw fruits, flowers and shoots may also have an anti-fertility potential.

6. Tungku - A method of applying a hot object to the abdomen externally. A hearthstone or iron is wrapped in herbs, covered with a piece of cloth and put over the lower abdomen after the lower abdomen has been massaged with medicated oil. It is normally done seven days after delivery until the end of the confinement period, i.e. forty-four days. It is done twice daily, once in the morning and once at night. The effect is believed to last for a long time to prevent any early pregnancy. The "tungku" could be repeated from time to time as a contraceptive.

The tungku works because the heat drives out the "winds" and dries up the locia in the uterus, thus causing the uterus to contract and involute. The tungku is also believed to regulate menstruation. A large percentage (86%) of the women have a high regard for 'tungku' as an effective method to prevent pregnancies.

7. Urut (Massage) - Another traditional method believed to be effective in making conception difficult is 'urut'. An expert bidan (traditional midwife) can massage the lower abdomen in such a manner as to retrovert the uterus from an anteverted position. This can be temporary or permanent. The retroverted uterus makes conception very difficult, or even if conception has taken place, the foetus can only grow to a certain size after which there is not enough room for it to grow, and miscarriage occurs as a result.

8. Besides these medicines, some women mentioned a few other concoctions taken with some religious incantations (jampi). Some would chew betel leaves (sirih), over which incantations had been repeated. Water which has been 'jampi' is also drunk as a method of spacing children. Another method is eating three lumps of 'jampi rice'. The 'jampi' is commonly practised by the Malay folk as a means of curing the sick and driving away evil spirits. It is a recitation of verses from the Koran and is usually done over some food that is later eaten. It is commonly practised for spacing children.

Some folk 'jampi' over ground saffron and 'jintan puteh'. This is then taken with water. They also believe that bathing can affect fertility. Every bath taken, especially between the 15th and the 17th of the Malay calendar month is done with verses repeated at the same time.

9. Another religious method of spacing children or rather of contraception is the 'doa' or 'ayat' method. The woman is given specific verses from the Koran to be learnt by heart. She does so while chewing betel leaves that have been incantated upon. She is to repeat the verses before she has sex. She would then

conceive again and after that no more. The woman can be permanently sterile or less fertile. She is not allowed to eat bananas, especially pisang emas. If this taboo is broken, death may come to the mother.

Another condition attached is that the knowledge is to be kept secret for a period of three years, after which this knowledge can be taught to anyone who sincerely wants it. One woman commented that it would be more effective if the men learnt it too. This method is believed to be extremely effective, especially if the person has faith (yakin) in it. One woman who has practised this method said that the individual has to have faith that it will succeed. For those who want to have more children, this method would not be suitable, but for those who do not want any more children, this method is helpful.

10. Besides medicines and religious practices, we also came upon some very interesting information about other traditional contraceptive methods, some of which are similar to our modern methods.

Those that are similar to modern contraceptive methods include the withdrawal method and the safe period or rhythm method. The traditional equivalent or the safe period method involves abstinence from sex on the 1st, 14th, 15th and 30th days of the Muslim month. It is also advisable to abstain from sex when there is a full moon and during high tide. These are supposed to be the most fertile periods for the woman and best possible time to conceive.

11. A popular method practised by the women is the exercise method. There are two kinds of exercises--one is done immediately after intercourse and the other is done every morning. The morning exercises keep the body fit and trim.

The exercise done immediately after intercourse is considered a means of preventing conception from taking place. The exercise are done in such a way so as to remove the seminal fluid that has entered the vagina. The woman sits on the floor with both legs stretched out. She then touches her toes. After this, she crosses her right leg over the other and twists her body to the right. Then, she crosses her left leg over the right one and twists her body to the left.

After this she adopts a yoga position with both legs folded underneath. She then presses her lower abdomen forcing the seminal fluid out. It is claimed that this method, if done properly, will prevent conception (although there is no guarantee).

A similar method is where the woman sits on the floor (after intercourse) and stretches out both legs together. She then bends down and with clenched fits, she hits her buttock hard. After this, she presses her abdomen forcing the fluid out.

Users of Modern and Traditional Contraceptives - Comparison and Observation

Table 5 Number of Respondents Using Traditional Methods

Methods		Number of Respondents Using*
(1)	Ubat Serbok	70
(2)	Ubat Periok	68
(3)	Makjun	40
(4)	Jamu	23
(5)	Raw Food	12
(6)	Tungku	56
(7)	Urut (Massage)	18
(8)	Rhythm Method	6
(9)	Jampi	5
(10)	Doa Quran	3
(11)	Exercise	4

*The number of respondents include those who use traditional methods only (20) and those using both traditional and modern methods (55). Each respondent may use more than one method of traditional contraception.

The respondents interviewed were all using or had been using contraceptives. Out of 101 respondents, twenty (25.8 per cent) used only clinical methods while twenty used only traditional methods. However, there were fifty-five respondents who used both traditional and modern methods.

Table 6 Age Groups of Users of Contraceptives

Age	Clinical Methods Only	%	Traditional Methods Only	%	Both Methods	%	Total
20-24	10	71	-	-	4	29	14
25-30	6	29	2	9	13	62	21
31-35	4	20	2	10	14	70	20
36-40	6	32	3	15	10	53	19
41-45	-	-	2	15	12	15	14
45-50	-	-	9	82	2	18	11
Over 50	-	-	2	100	-	-	2
Total	26		20		55		101

The table shows the number of respondents in each age group using clinical methods, traditional methods and both methods; the important observation is the significant absence of the respondents above 40 relying solely on clinical methods. The ones using both methods are once-upon-a-time acceptors, but have dropped off modern methods.

Table 7 Educational Attainment of Contraceptive Users

	Clinical Methods	Traditional Methods	Both Methods	Total
None	-	-	-	-
Primary	7 (14%)	12 (24%)	30 (61%)	49
Lower Secondary	8 (28%)	4 (14%)	16 (57%)	23
Upper Secondary	7 (39%)	4 (22%)	7 (39%)	18
Higher Secondary/ College	4 (67%)	-	2 (33%)	6
Total	26	20	55	101

The correlation between educational attainment and the choice of traditional and clinical methods is not significant. It can be seen from Table 8 that a larger percentage of the higher secondary/college group used both traditional and clinical methods combined.

Table 8 Occupation of the Contraceptive Users

Occupation	Modern Method Only	Traditional Method Only	Both Methods	Total
Industrial & manual workers	11	6	7	24
Clerical & Sales	2 (33%)	1 (17%)	3 (50%)	6
Semi professional & lower executive	3 (50%)	1 (17%)	2 (33%)	6
Housewife	10	12	43	65
Total	26	20	55	101

From the table above it can be seen that most of the housewives used both the traditional and modern methods, while the industrial and manual workers used the modern methods. However, the relationship within the clerical, sales and semi professional and lower executives is not clear.

Thus from the correlation given above between age, educational attainment level and occupational level with the contraceptive user, it can be seen that the correlation with age has some significance, indicating that more of the younger ones use modern methods and that the older ones tend toward traditional methods. However, the choice of methods do not conform to such a clear pattern in the case of the educational and occupational variable. Thus it cannot be confidently stated that the poorer and less-educated prefer the traditional methods, while the more-educated and richer ones used clinical methods.

From the description of the traditional methods given there are three observations worth noting. The most conspicuous observation is the absence of the intra uterine device (IUD) type of contraceptive that involves insertion of devices into the uterus, unlike many other traditional methods. The ancient Egyptians were known to insert stones into the uterus of camels as a means to prevent conception and this method was adapted and used by womenfolk. European women in the Middle Ages used a douche of cork and foam. In the Indian continent there were also intra uterine methods, described in the ancient text "Brihad Aranayak Upanished" (Park 1972). According to the bomohs interviewed, the insertion of pills into the uterus is done not for contraceptive purposes but for fragrance and for contracting the vaginal area so as to increase sexual pleasure during sexual intercourse.

Another observation is that in the case of traditional oral contraceptives, there are lots of variation as to the herbs, spices and ingredients used. Each bomoh has their own version. The amount of each ingredient used is not measured precisely but the manufacturer often "agak-agak" (approximate).

It is also noted that traditional methods have linkages with religion, most obvious being the methods of "jampi" and "doa". The underlying belief is that "children are a gift of God" (dikurniakan oleh Allah). The bomohs too commented that in the preparation of the makjun and other oral contraceptives, prayers and verses were chanted to ensure the contraceptives are effective. The jampi uttered are often not intelligible as the words are from different languages.

There is also the belief that the traditional oral contraceptives can increase sexual virility and pleasure, at the same time enhancing attractiveness and desire.

Of the respondents interviewed, all (100 per cent) have heard of the modern clinical and traditional methods though they may not be aware of all the methods available. To most respondents, especially the older ones and those who are less-educated, family planning is almost synonymous with the word "pill". All have heard of the pill, though they may not know what the pill looks like or how it works. The other type they know of is the intra uterine device (IUD) and the condom. The least known method is spermicide and similar chemicals.

As for the traditional methods, all the respondents are aware that there are traditional methods though they may not know of those discovered in the research. Ninety-six per cent of the respondents have used oral contraceptives during the confinement period, though they use them only as part of the cultural post-natal practice to restore good health and beauty to the body after childbirth and at the same time are aware of its contraceptive property. But only 19.8 per cent use these methods after the confienment period for its contraceptive value.

A total of fifty-five respondents (54.5 per cent) use both traditional and clinical contraceptives vis-a-vis, while most of them (74 per cent) are once-upon-a-time acceptors of clinical methods but have given up at some point.

An interesting observation is that those who gave up (67 per cent) are those who were on the pill. It could not be said that popping a pill everyday is alien to the culture as taking traditional medicine involves a daily effort to boil or at least mix the medicine before taking it. A few respondents gave a clue to this irony. According to them, they are not used to taking these small round pills (tak biasa) but boiling the spicy herbs is like part of daily cooking and similar to taking curry. So even though the traditional contraceptives are bitter, they are preferred.

Eighty-five per cent gave as the reason the use of traditional methods the fact that they are accustomed to taking herbal medication and massages (urut) and they know that the oral contraceptives conform with the other customary practices, especially during confinement and the menstrual period.

The twenty (19.8 per cent) who do not use clinical methods say they have heard rumours of the side-effects of the pill and other methods. The rumours ranged from causing cancer, producing infertility, obesity and excessive bleeding. As for the IUD and condom, the non-users believed that these devices would decrease sexual pleasure and increase sexual virility. When comparing 'urut' (revoluting) of the uterus and tubal ligation, the respondents said that operating on the human organs is not permitted in Islam, but 'urut' is only external.

The role Islam has to play in the choices of the method is very apparent. Fifty per cent of the respondents who do not use modern methods believe that Islam does not permit modern family planning. The stand is ambiguous as there is no clear statement on this by religious leaders. In Malaysia, some religious leaders have made statements forbidding family planning, and these include the President of the Selangor Religious Affairs Council, Pateh Akhir, when family planning was called for by the British Medical Association, Malaya Branch. The President of the Perak Council of Malay Custom and Religion, Raja Musa Raja Mahadi, stated that he fully supported the establishment of the Perak State Family Planning Association. According to the Final Report on Islam and Family Planning made at the Islamic Conference at Jeddah, the Islamic nations agreed on the following:

> The conference tended to consider that FAMILY PLANNING is for the SPOUSES BY MUTUAL AGREEMENT AND WITHOUT COMPULSION, TO USE A SAFE AND LAWFUL MEANS TO DELAY OR PRECIPITATE PREGNANCY IN SUCH A WAY AS TO SUIT THEIR HEALTH, SOCIAL AND ECONOMIC CIRCUMSTANCES, WITHIN THE FRAMEWORK OF RESPONSIBILITY TOWARDS THEIR CHILDREN AND THEMSELVES.

> The conference considered the question of STERILISATION and felt that the opinion of the academy of Islamic Research is to be followed on the subject, in the sense that THE USE OF MEANS WHICH LEAD TO STERILITY FOR ANY OTHER REASON THAN PERSONAL NECESSITY IS SOMETHING WHICH may not, according to the Shari'a BE UNDERTAKEN BY MARRIED COUPLES OR OTHERS.
>
> As regards ABORTION, i.e., the expulsion of the baby-to-be from the uterus, with the intention of disposing of it, the conference reviewed the opinions of Muslim scholars in jurisprudence and what came to light was that it was FORBIDDEN AFTER THE FOURTH MONTH EXCEPT FOR A PRESSING PERSONAL NECESSITY, THAT IS IF THE MOTHER'S LIFE IS AT STAKE. As for THE PERIOD BEFORE THE END OF THE FOURTH MONTH, diverse as the opinions in jurisprudence on the matter, THE CORRECT VIEW favours forbidding it at any stage of pregnancy except for the most EXTREME PERSONAL NECESSITY, in order TO SAFEGUARD THE LIFE OF THE MOTHER, or in the case of there being NO HOPE FOR THE LIFE OF THE FOETUS.

Even though the statements were made, few were aware and the more religious population remained reluctant to accept modern family planning. The traditional methods are taken to be part of the culture which does not prick the conscience too much.

Some practised modern methods together with traditional methods to make doubly sure that the contraceptives worked. Thirty-eight per cent of the respondents who used both expressed a lack of confidence in the traditional methods, so used the IUDs or rhythm method simultaneously. They did not dare take the pill as they were afraid it would cause some chemical reaction if they took both traditional medicine and the pill together. Four respondents said that they were on traditional medicine but switched to the pill because the pill was easier to take and they need not brew and boil any herbs.

The effectiveness of the traditional methods of contraception is very difficult to judge. Eighty-five per cent of those relying on traditional contraceptives--both those who used traditional methods only and those who switched from modern to traditional methods--believed that the traditional methods were very effective. One of the respondents informed us that the ubat serbok jarang anak had prevented her from conceiving over the last four years while another said it had delayed pregnancies for two years. Eight respondents who went for urut (massage) said they had not conceived over the last few years since the urut. Two other respondents would by the raw fruits they ate, especially starfruit and pineapple, while others would depend on jamu and makjun. However, in response to the question on whether conception took place while they were on traditional contraceptives; thirty-seven per cent answered in the positive, but half of them believed that the pregnancy occurred because of their negligence and inconsistency in taking the traditional medicine or in practising the method. The most unreliable of the traditional methods seems to be exercises and the rhythm method, which are involved with other methods.

From the findings of the choice of methods, and related to the comment made by Wolff and Paul Chen on the difficulty of western medicine to be accepted since it does not form part of the Malay 'coherent culture pattern' (Wolff 1965, Chen 1969) it would be worth developing a form of contraceptives--an adapted form--which could be easily assimilated into the culture. If the traditional methods could be further developed and made more effective, or the western method adapted to make it more spicy or in a form acceptable to the Malay culture, then we will be able to increase the acceptability of contraception and family planning among the Malays.

Further research is needed to identify the ingredients in the traditional contraceptives which make them effective, and thus to develop a contraceptive similar to the traditional form so as to be more acceptable to the Malays.

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APPENDIX 1

Traditional Methods of Contraception of the Malays

QUESTIONNAIRE:

FILTER

We would like to ask you if there is any woman who is married or has been married living in this house currently?

Yes

No

(End of interview - If there is none, thank you very much, we just like to know and talk to them regarding some family matters. Thank you)

How many women who are married or have been married are there living in this house presently?

Respondent
Respondent's sister/sister-in-law
Respondent's sister/sister-in-law
Respondent's sister/sister-in-low
Respondent's mother
Respondent's mother-in-law
Respondent's grandmother

Select the one whose birthday is the most immediate if not available select another.

Could we talk to .....(R/R's sister/R's sister-in-law)

Background of respondent and respondent's husband

1. We would like to ask you something about yourself.

   In what month and year were you born?

   (a) ..... month ..... year (Gregorian/Muslim calendar)

   (b) If don't know, ask ..... How old are you? .....

2. Have you ever attended school?

   Yes No

   (go to Q 5)

3. What was the last class you attended? .....

4. Can you read e.g. newspaper or magazine?

   Yes No

5. As you know, many women work in addition to their own housework. Some take up jobs for which they are paid in cash, rent/food. Others sell things or have a small business or work on the family farm. Are you doing any such work at the present time?

   Yes No

6. Have you ever worked since the day when you first married or before marriage?

   Yes No

7. I would like to ask some questions about (your present work, the last work you did). What (is/was) your occupation - that is, what kind of work (do, did) you do?

   .....

   .....

8. (Do, did) you work mostly at home or (do, did) you work mostly away from home in that job?

   Home Away

9. Have you always lived here ..... (kg/town)

   Yes No

   (go to Q 13) (When did you move here? .....
   If cannot remember - relate to incidents)

10. (a) Before you moved to ..... (place) where did you live? Was a kg/pekan/town? And before that place, where did you stay? When did you move to ..... (that place)

    (b) Before you moved to ..... (place) where did you live? Was it a kg/pekan/town? And before that place, where did you stay? When did you move ..... (that place).

    (N.B. Repeat Q 5 as often as necessary)

Name of Place	Kampung	Pekan	Bandar	Negeri	Period of stay
.....					
.....					
.....					

11. Now I have some questions about your married life. Are you now married, widowed, divorced or separated?

Married Widowed Divorced Separated

12. Is this your first marriage?

Yes No (go to Q 20)

13. In what month and year were you and your husband married?

..... 19 ..... Don't know
(About how long have you been married?)

14. What was the last job your husband did?
(If unemployed or retired, ask latest occupation)

.....

.....

15. Does your husband usually live in your household?

Yes (go to Q 23) No

16. Is he away only temporarily, or have you stopped living together?

Yes (Away for the time being) No (Stopped for good)

17. About how long ago did you stop living here?

..... (go to Q 23) Don't know
How long ago? .....

18. How many times have you been married altogether?

.....

19.	In what month and year did your 1st, 2nd, 3rd ... marriage begin?	How did the marriage end?	(If divorced or separated) In what month and year did you stop living together?	(If death) In what month & year did he die?	What (is, was) his occupation?
1.	Month .... Year	Death Div. Sep.	Month ..... Year	Month ..... Year	
2.	Month ..... Year	Death Div Sep.	Month ..... Year.....	Month ..... Year	
3.	Month .... Year	Death Div. Sep.	Month ..... Year	Month ..... Year	

We should like to get complete record of any of the babies you had in your life.

20. Have you ever been pregnant?
(If no (probe) I mean, have you ever had a pregnancy, even one that lasted for just a few weeks or a few months?)

Yes No (go to Q25)

21. How many times have you been pregnant? .....

22. Do you have any pregnancies that do not reach full term

i.e. do you have any miscarriages?

Yes (How many of your pregnancies did not reach full term? ....) No

Would like to ask you about the children you yourself have given birth to. We would like to know about all the children you have now, (and in your previous marriage) and also any children you have given birth to but given away or have passed away. We are not asking about children you have adopted or your husband's children from previous marriage--just the children you have given birth to.

	In what month and year did your 1st, 2nd 3rd .. birth occur (If don't know, ask) 'How many years ago'.	Was it boy or girl?	Is this child still living?	(If dead), When did that happen?
1.	Month .... Year ..... Years ago ...	Boy Girl	Yes No	....
2.	Month .... Year ..... Years ago ...	Boy Girl	Yes No	....
3.	Month .... Year ..... Years ago ...	Boy Girl	Yes No	....
4.	Month .... Year ..... Years ago ...	Boy Girl	Yes No	....

5. Month .... Boy Yes .....
Year ..... Girl No .....
Years ago ...

---

6. Month .... Boy Yes .....
Year ..... Girl No .....
Years ago ...

---

7. Month .... Boy Yes .....
Year ..... Girl No .....
Years ago ...

---

8. Month .... Boy Yes .....
Year ..... Girl No .....
Years ago ...

---

9. Month .... Boy Yes .....
Year ..... Girl No .....
Years ago ...

---

10. Month ..... Boy Yes .....
Year ..... Girl No .....
Years ago ...

---

24. Just to make sure I have this right, you have had ..... births, and the number of children you have now are ..... boys and ..... girls.

25. Now I would like to ask you about a different topic. As you may know, there are various ways that a couple can delay the next pregnancy or avoid pregnancy so soon.

Do you know of, or have heard of any of these ways or methods?

Yes

No (PROBE)
(End of Interview)

Thank you very much for answering questions and it is indeed of help to our research. Thank you.

MODERN METHODS	(i) Have you heard	(ii) Have you ever used	(iii) Why do/don't you use	(iv) What do you think of this method (probe) Is it easy/ difficult good or bad etc	(v) When did you use ....? (Period between ( ) child and ( ) child)	(vi) Are you still using?

(vii) If No, why did you stop?	(viii) Did you become pregnant while using this method?	(ix) Are there any side effects of this method that you know of?	(x) How did you come to know of this method?	(xi) Does/Did your husband know you are/were using ..?	(xii) Remark

TRADITIONAL METHODS	(i) Have you heard....	(ii) Have you ever used	(iii) Why do/don't you use	(iv) What do you think of this method (probe) Is it easy/ difficult, good or bad etc	(v) When did you use ....? (Period between ( ) child and ( ) child)	(vi) Are you still using?

(vii) If No, why did you stop?	(viii) Did you become pregnant while using this method?	(ix) Are there any side effects of this method that you know of?	(x) How did you come to know of this method?	(xi) Does/Did your husband know you are/were using...?	(xii) Remarks

27. Apart from the methods you have mentioned just now, do you know of any other ways to prevent pregnancies from occuring?
Yes (record in Q 26) No

28. Apart from the methods you are using that you have just mentioned do you know of any other ways to delay pregnancies?

Yes (record in Q 26) No

29. Do you use two or more methods together while using traditional metnods?

Yes No

30. Can you please explain why you use these methods together?
.....
.....

31. Do you use it for any other purpose other than contraception?

Yes No

32. What do you use the methods for?
.....
.....

33. Generally speaking, what do you think of traditional methods in preventing pregnancies?
.....
.....

34. Comparing the modern and traditional methods of contraceptions which one do you think is better?

Modern Traditional

35. Why do you say so?
.....
.....

36. Is there anything you would like to add to our discussion?
.....
.....

Thank you very much, you have been very helpful.

SEAPRAP

THE SOUTHEAST ASIA POPULATION RESEARCH AWARDS PROGRAM

PROGRAM OBJECTIVES

* To strengthen the research capabilities of young Southeast Asian social scientists, and to provide them with technical support and guidance if required.

* To increase the quantity and quality of social science research on population problems in Southeast Asia.

* To facilitate the flow of information about population research developed in the program as well as its implications for policy and planning among researchers in the region, and between researchers, government planners and policy makers.

ILLUSTRATIVE RESEARCH AREAS

The range of the research areas include a wide variety of research problems relating to population, but excludes reproductive biology. The following are some examples of research areas that could fall within the general focus of the Program:

* Factors contributing to or related to fertility regulation and family planning programs; familial, psychological, social, political and economic effects of family planning and contraception.

* Antecedents, processes, and consequences (demographic, cultural, social, psychological, political, economic) of population structure, distribution, growth and change.

* Family structure, sexual behaviour and the relationship between child-bearing patterns and child development.

* Inter-relations between population variables and the process of social and economic development (housing, education, health, quality of the environment, etc).

* Population policy, including the interaction of population variables and economic policies, policy implications of population distribution and movement with reference to both urban and rural settings, and the interaction of population variables and law.

* Evaluation of on-going population education programs and/or development of knowledge-based population education program.

* Incentive schemes — infrastructures, opportunities; overall economic and social development programs.

SELECTION CRITERIA

Selection will be made by a Program Committee of distinguished Southeast Asian scholars in the social sciences and population. The following factors will be considered in evaluating research proposals:

1. relevance of the proposed research to current issues of population in the particular countries of Southeast Asia;
2. its potential contribution to policy formation, program implementation, and problem solving;
3. adequacy of research design, including problem definition, method of procedure, proposed mode of analysis, and knowledge of literature;
4. feasibility of the project, including time requirement; budget; and availability, accessibility, and reliability of data;
5. Applicant's potential for further development.

DURATION AND AMOUNT OF AWARDS

Research awards will be made for a period of up to one year. In exceptional cases, requests for limited extension may be considered. The amount of an award will depend on location, type and size of the project, but the maximum should not exceed US$7,500.

QUALIFICATIONS OF APPLICANTS

The Program is open to nationals of the following countries: Burma, Indonesia, Kampuchea, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam. Particular emphasis will be placed on attracting young social scientists in provincial areas.

Applications are invited from the following:

* Graduate students in thesis programs

* Faculty members

* Staff members in appropriate governmental and other organizations.

Full-time commitment is preferable but applicants must at least be able to devote a substantial part of their time to the research project. Advisers may be provided, depending on the needs of applicants.